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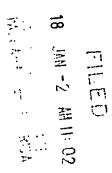
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S. LEGGETT

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: D'5 Auto TRAMPORT LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filir	ıg.		
Please return all correspondence concerning this matter to the following:			
James P. LubranoIII Name of Person			
Firm/Company			
15135 73PD STreet North Address			
Lotanatchee Florina 33470 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
James P. LubranoIII at (727) 919-1473 Name of Person Area Code & Daytime Tel	lephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee & Certified Co	рy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ne of the limited liability company: <u>DJ'S AUTO TRANS</u>	sport LLC.		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 15135 73 PD STREET NORTH Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Loxanatchee Froripa Lo	kahatchee,	FLORIDA	
	33470	33	470	
	8/29/16 L 160	000161834		
3.	Date of filing/registration in Florida 4.	Document number	· · · · · · · · · · · · · · · · · · ·	
5. (a)	James P. Lubrono III Registered Agent and Registered Office shown on the records of the Florida Dept. of St	ale:		
	15135 738) ST(ett North Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_		
	Loxahatenee fc 33470		1 8	
	, FL, FL		JAN THE	
(b)	James P. Lubrano III		N-2	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	15135 7380 STIEET NORTH		11: 02	
	hoxahatchee, FloriDA			
		_		
Signat I hereb provision the oblit to mere notified	mited liability company is not organized under the laws of the State of Inge or changes are made, the Florida street address of the registered offill be identical. Or, in the case of a Florida limited liability company, it re authorized by an affirmative vote of the members of the limited liability control of a member or authorized representative of a member of the limited liability control of a member of authorized representative of a member of a member of all statutes relative to the proper and complete performance of magations of my position as registered agent as provided for in Chapter of the proper and complete performance of my reflect a change in the registered office address. I hereby confirm the in writing of this change	ice and the business offit is hereby confirmed the lity company or as other company. Printed or typed name of appacity. I further agree	ice of the registered at the change(s) rwise provided in signee	